pplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

SEL 253

| 4  |  | CLAIMS AS                                   | FILED -<br>(Column |                      | (Colur                                | nn 2)            |          | MALL EN   | ITITY                  | OR       | OTHER<br>SMALL I |                        |
|--|--|---|--------------------|----------------------|---------------------------------------|------------------|----------|-----------|------------------------|----------|------------------|------------------------|
| то   | TAL CLAIMS   |   | 36                 |                      |                                       |                  | Γ        | RATE      | FEE                    |          | RATE             | FEE                    |
| FO   | R .  |   | NUMBER FILED       |                      | NUMBER'EXTRA                          |                  | В        | ASIC FEE  | 355.00                 | OR       | BASIC FEE        | 710.00                 |
| то   | TAL CHARGEA  | BLE CLAIMS                                  | 3 Gmin             | us 20=               | 21.                                   |                  |          | X\$ 9=    |                        | OR       | X\$18=           | 588                    |
| IND  | EPENDENT CL  | AIMS  | \minus 3 =   *     |                      |                                       |                  |          | X40=      |                        | OR       | X80=             | 8 a                    |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                               | RESENT             |                      |                                       |                  |          | +135=     |                        | OR       | +270=            |                        |
| * If   | th difference  | in column 1 is                              | less than ze       | ro, ente             | r "0" in c                            | olumn 2          | L        | TOTAL     |                        | OR       | TOTAL            | 1018                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                    |                      |                                       |                  |          | SMALL E   | ENTITY                 | OR       | OTHER<br>SMALL I | THAN                   |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE             | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | •   | Minus              | **                   |                                       | =                |          | X\$ 9=    |                        | OR       | X\$18=           |                        |
| AME  | Independent  | *   | Minus              | ***                  |                                       | =                | Γ        | X40=      |                        | OR       | X80=             |                        |
| Ĺ  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DEF        | -ENDEN               | CLAIM                                 | Ŀ                |          | +135=     | Ţ-                     | OR       | +270=            |                        |
|  |  |   |                    |                      |                                       | ·                | L        | TOTAL     |                        | OB       | TOTAL            |                        |
|  |  | (Column 1)                                  |                    | (Colu                | mn 2)                                 | (Column 3)       | Al       | DDIT. FEE |                        |          | ADDIT. FEE       |                        |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                    | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE             | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total  | *   | Minus              | **                   |                                       | =                |          | X\$ 9=    |                        | OR       | X\$18=           |                        |
| <b>AMENDMENT</b>   | Independent  | *   | Minus              | ***                  |                                       | =                |          | X40=      |                        | OR       | X80=             | .,                     |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |   |                    |                      |                                       |                  |          | +135=     |                        | 00       | +270=            |                        |
|  | ,  |   |                    |                      | ·                                     |                  | L        | TOTAL     |                        | OR<br>OR | TOTAL            |                        |
|  |  | (Column 4)                                  |                    | (Calu                | mp 2\                                 | (Column 3)       | · A[     | ODIT. FEE |                        |          | ADDIT. FEE       |                        |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                    | HIGI<br>NUM<br>PREVI | mn 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE      | ADDI-<br>TIONAL<br>FEE |          | RATE             | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total  | •   | Minus              | **                   |                                       | =                | Ιſ       | X\$ 9=    |                        | OR       | X\$18=           | ;<br>;                 |
| AME  | Independent  |   | Minus              | ***                  |                                       | = ,,             |          | X40=      |                        | OR       | X80=             |                        |
| Ĺ  | FIRST PRESE  | NTATION OF M                                | ULTIPLE DEI        | PENDEN               | T CLAIM                               |                  | <b>!</b> | +135=     |                        |          | +270=            |                        |
| • 1  | * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                    |                      |                                       |                  |          |           |                        | OR       | +270=<br>TOTAL   |                        |
| ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  **OR  ADDIT. FEE  **OR  ADDIT. FEE  **OR  **OTAL  ADDIT. FEE  **OR  **OR  **OR  **OTAL  **OR  **OR  **OTAL  **OR  **OR  **OTAL  **OR  **OTAL  **OR  ** |  |   |                    |                      |                                       |                  |          |           |                        |          |                  |                        |

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|  | <del>11.</del>                                 | CLAIMS A   | S FILED -<br>(Column                                       |                               |                            | mn 2)                                |            | Small en            | ATITY                  | OR      | OTHER<br>SMALL      |                        |
|--|--|--|--|-------------------------------|----------------------------|--------------------------------------|------------|---------------------|------------------------|---------|---------------------|------------------------|
| TC   | TAL CLAIMS                                     |  |  | -                             | â,                         | 12 -2                                |            | RATE                | FEE                    | 1       | RATE                | FEE                    |
| FC   | R  |  | NUMBER FILED   |                               | NUMBER EXTRA               |                                      |            | BASIC FEE           | 370.00                 | OR      | BASIC FEE           | 740.00                 |
| TC   | TAL CHARGEA                                    | BLE CLAIMS   | โ - เกล้านร 20=  |                               | * *                        |                                      |            | X\$ 9=              |                        | OR      | X\$18=              |                        |
| INE  | EPENDENT CL                                    | _AIMS  | minus 3 =  |                               | *                          |                                      |            | X42=                |                        | OR      | X84=                | 7                      |
| ML   | LTIPLE DEPEN                                   | IDENT CLAIM P  | RESENT   |                               |                            |                                      |            | +140=               |                        | OR      | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |                               |                            | į                                    | TOTAL      |                     | OR                     | TOTAL   |                     |                        |
|  | A C  | LAIMS AS A<br>(Column 1)                                       | AMENDED - PART II (Column 2) (Column 3)                    |                               |                            |                                      | )          | SMALL               | ENTITY                 | OR      | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |  | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY       | PRESENT<br>EXTRA                     |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| ZOZ  | Total  | * 12   | Minus  | ** 3                          | 36                         | = 36                                 |            | X\$ 9=              | •                      | OR      | X\$18=              | 648                    |
| BIME   | Independent                                    | * 8  | Minus  | ***                           | Ų                          | = 4                                  | ] [        | X42=                |                        | OR      | X84=                | 336                    |
|  | FIRST PRESE                                    | NTATION OF MI  | JLTIPLE DEF  | PENDEN                        | CLAIM                      |                                      |            | +140=               |                        | ,<br>OR | +280=               |                        |
|  |  |  |  |                               |                            |                                      | <u>[</u>   | TOTAL<br>ADDIT. FEE | . :                    | ΛP      | TOTAL<br>ADDIT, FEE | 984                    |
|  |  | (Column 1)   |  | (Colu                         |                            | (Column 3)                           |            |                     |                        |         | , 0011.1 02.0       |                        |
| NT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY               | PRESENT<br>EXTRA                     |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 76   | Minus  | **                            | 13                         | = 4                                  |            | X\$ 9=              |                        | OR      | X\$18=              | 72                     |
| AMENDMENT  | Independent                                    | * 10   | Minus  | ###                           | 8                          | = 2                                  |            | X42=                |                        | OR      | X84=                | 1680                   |
|  | FIRST PRESE                                    | NTATION OF MI  | JLTIPLE DEF  | ENDEN                         | CLAIM                      |                                      | ] [        | +140=               |                        | OR      | +280=               |                        |
|  |  |  |  |                               |                            |                                      |            | TOTAL<br>ADDIT. FEE |                        | OB.     | TOTAL<br>ADDIT. FEE | 240                    |
|  | - Carlein of the State Character State Co.     | (Column 1)   | The Section Co. Section 1                                  | (Colui                        |                            | (Column 3)                           | <u>)</u> _ |                     |                        |         |                     |                        |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT                                |  | NUM<br>PREVI<br>PAID          | BER<br>OUSLY               | PRESENT<br>EXTRA                     |            | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| A COR  | Total  | ά  | Minus  | <del>û</del> û                |                            | =                                    |            | X\$ 9=              |                        | OR      | X\$18=              |                        |
| ME   | Independent                                    | ά  | Minus  | ###                           |                            | =                                    | ]          | X42=                |                        |         | X84=                |                        |
| Ø.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                               |                            | ┨╏                                   |            |                     | OR                     | }       |                     |                        |
| o j  | fithe entry in colu                            | mn 1 is less than ti   | ne entry in colu   | mn 2. write                   | e "O" in co                | lumn 3.                              | . [        | +140=               |                        | OR      | +280=               |                        |
| <del>00</del> 0  | If the "Highest Nu<br>If the "Highest Nu       | mber Previously Pa<br>mber Previously Pa<br>nber Previously Pa | aid For <sup>®</sup> IN THI<br>aid For <sup>®</sup> IN THI | S SPACE                       | is less tha<br>is less tha | ກ 20, enter "20<br>ເກ 3, ent  r "3." | •          | TOTAL.  ODIT. FEE   | r priate bo            |         | ADDIT. FEE          |                        |